



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Governor Edmund G. Brown Jr., State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

APPLICATION INFORMATION FOR RESEARCH PSYCHOANALYST OR STUDENT RESEARCH PSYCHOANALYST

MINIMUM REQUIREMENTS

- A list of approved Research Psychoanalytical Institutions may be located on the Medical Board of California's (Board) website at:
http://www.mbc.ca.gov/Applicants/Psychoanalysts/Approved_Institutions.aspx
- A research psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training, or research. "Adjunct" means that the research psychoanalyst may not render psychoanalyst services on a fee-for-service basis for more than an average of one-third of his or her total professional time including time spent in practice, teaching, training, or research. Such teaching, training, or research shall be the primary activity of the research psychoanalyst. The primary activity may be demonstrated by:
 - A full-time faculty appointment at the University of California, a state university or college, or an accredited or approved educational institution as defined in Section 94310 (a) and (b), of the Education Code.
 - Significant ongoing responsibility for teaching or training as demonstrated by the amount of time devoted to such teaching or training or the number of students trained; or
 - A significant research effort demonstrated by publications in professional journals or publications of books.
- A *registered* research psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training, or research. Students who are currently enrolled in an approved psychoanalytic institution and are *registered* with the Board as a *student research psychoanalyst*, may engage in psychoanalysis under supervision.
- **Students and graduates are not entitled to state or imply that they are licensed to practice psychology, nor may they hold themselves out by any title or description of services incorporating the words: psychological, psychologist, psychology, psychometrists, psychometrics, or psychometry.**
- Disclosure of a United States Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory prior to registration. Section 30 of the Business and Professions Code authorizes collection of the SSN or ITIN. Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board.

GENERAL INFORMATION

- Applicants are personally responsible for all information disclosed on the application, forms R1A-R1D, including any responses that may have been completed on their behalf by others. An application may be denied based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Board considers violations of an ethical nature to be a serious breach of professional conduct.
- **NotaryCam:** NotaryCam is a company that provides an online notary service that is valid in California and may be used on the Board's Application forms. *The Board does not mandate that applicants use this online service.* The Board is providing this information as a convenience to applicants. Applicants may obtain further information regarding this online notary service at: <https://www.notarycam.com/>.
- **Fingerprints:** Applicants who reside in California must complete the electronic *Live Scan* fingerprint process. The *Request for Live Scan Service* form may be obtained from the Board's website. Please refer to the following website for Live Scan facilities in California: <http://ag.ca.gov/fingerprints/publications/contact.php>.

Applicants residing outside California must submit two completed fingerprint cards or if visiting California, you may have your fingerprints completed electronically at a California Live Scan facility.

Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a research psychoanalyst or student research psychoanalyst registration.

- **Convictions:** Note that convictions adjudicated in juvenile courts or convictions of Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b), two years or older, need not be reported. Convictions expunged or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law **MUST** be disclosed. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction (see the Criminal Record History section on the Application).
- **Grounds for Denial:** Each applicant's credentials for registration in California are reviewed on an individual basis. The Board has the authority to deny registration based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline of another state license/registration.

APPLICATION CHECKLIST

<p>Application For Research Psychoanalyst Application, Forms R1A-R1B</p>	<p>Complete all fields, answer all questions and have the application notarized. All four pages must be submitted together.</p>
<p>Application Fee \$149.00</p>	<p>The Application Processing Fee includes the required fingerprint processing fee and the fees are non-refundable.</p> <p>Note: If <i>student research psychoanalyst registration</i> is being upgraded to a research psychoanalyst registration, a new <i>Request for Live Scan Service</i> form and \$49.00 fingerprint processing fees are not required</p>
<p>Fingerprints: Live Scan Form (CA Only) or Two (2) Fingerprint Cards</p>	<p>Applicants who reside in California must complete the electronic <i>Live Scan</i> fingerprint process. They will need to use the <i>Request for Live Scan Service</i> form that may be obtained from the Board's website. Mail a copy of the completed form with the Application.</p> <p>Applicants residing outside California must submit two completed fingerprint cards <u>or</u> have fingerprints completed at a California Live Scan facility. Fingerprint cards will be mailed once the Board receives an application and appropriate processing fees. <u>All personal data must be completed on the fingerprint cards or the cards will be returned for completion.</u></p> <p><i>Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to registration.</i></p> <p>Note: If <i>student research psychoanalyst registration</i> is being upgraded to a research psychoanalyst registration, new fingerprint cards and fingerprint processing fees are not required.</p>
<p>Education</p>	<p>Research Psychoanalyst – Submit official certification from the dean verifying graduation.</p> <p>Student Research Psychoanalyst – Submit official certification from the dean verifying the student's status.</p>



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APPLICATION

TYPE OF APPLICATION						MBC Use Only
Research Psychoanalyst			Student Research Psychoanalyst			
PRIORITY REVIEW & EXPEDITED LICENSURE						Priority Review
Honorably Discharged Veterans of the Armed Forces - Must supply satisfactory evidence to the Board that you have served as an active duty member of the Armed Forces of the United States and were honorably discharged.						
Temporary License for Spouse of Active Duty Member of the Armed Forces - Must supply satisfactory evidence to the Board that you are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. In addition, you must meet the requirements listed in Business and Professions Code Section 115.6.						
PERSONAL INFORMATION						Legal Name
Type or Print Legibly						
Legal Name	Last	First	Middle	Suffix		SSN/ITIN
Other Names/Alias						
United States Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)					SSN ITIN	
Date of Birth	(mm/dd/yyyy)		5. Gender	Male	Female	DOB/Gender
Address of Record The address of record will be used for all current correspondence during the review process and will be posted on the Board's website upon registration. If you are using a P.O. Box please list a confidential street address below.	Mailing Address (40 characters maximum per line, including spaces)					Address of Record
	Mailing Address continued (40 characters maximum per line, including spaces)					
	City	State/Province	Zip/Postal Code	Country		
Confidential Address (Only required if Address of Record is a P.O. Box.)						Confidential Address
Telephone Numbers	Home #		Work #		Cell #	Telephone Numbers
	E-mail Address (Required)					
Have you served or are you currently serving in the military?					YES	NO
Are you requesting expediting of this application as a spouse or domestic partner of an active duty member of the Armed Forces?					YES	NO
PREVIOUS REGISTRATION						R1A
Have you ever previously registered as a research psychoanalyst in California? If yes, please provide the registration number:					YES	
Cashiering Use Only						
Receipt #:		Date Cashiered:		Amount Received: \$		

APPLICANT: (Print Legal Name)	DATE OF BIRTH: (mm/dd/yyyy)	MBC Use Only
EDUCATION FOR GRADUATE RESEARCH PSYCHOANALYST REGISTRATION (RP)		
List the names and locations of all schools where psychoanalytic training <u>was</u> received. Submit official certification from the dean verifying your graduation.		
Name of School:		
Mailing Address:		
Dates of Attendance (mm/dd/yyyy)		Issue Date of Certificate (mm/dd/yyyy)
Start:	End:	
EDUCATION FOR STUDENT RESEARCH PSYCHOANALYST REGISTRATION (SRP)		
List the name and location of the school where psychoanalytic training <u>will be</u> received. Please submit official certification from the dean verifying your current student status.		
Name of School:		
Mailing Address:		
Dates of Attendance: (mm/dd/yyyy)	Start:	End:
CRIMINAL RECORD HISTORY		
If you answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.		
For each conviction, you must submit certified copies of the arresting agency report, certified copies of the court documents (court docket) and a signed and dated descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of the incident and all circumstances surrounding the incident). If the documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. In addition, you may submit evidence of rehabilitation.		
1. Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States, its territories, or a foreign country? <i>This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later expunged from the record of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed.</i>	YES	NO
2. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older, have you had a charge or conviction that was set aside or later expunged from the record of the court?	YES	NO
3. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?	YES	NO
4. Are you a registered sex offender?	YES	NO
R1B		

(RP)
Graduate
SchoolAttendance
and Issue
Dates(SRP)
Training
SchoolAttendance
DatesCriminal
History

APPLICANT: (Print Legal Name)	DATE OF BIRTH: (mm/dd/yyyy)	MBC Use Only
DISCIPLINARY HISTORY		
These questions refer to discipline by any hospital, Military or Public Health Service, State Board, or other Governmental Agency of any U.S. state, U.S. territory, Canadian province, or foreign country.		Discipline
1. Have you had any application for professional license/registration denied by any governmental agency of any state, territory or country, or the U.S. military?	YES NO	
2. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of unprofessional or unethical conduct?	YES NO	
3. Is any disciplinary action pending before any governmental agency of any state, territory or country, or the U.S. military?	YES NO	
4. Have you ever been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any other licensing jurisdiction?	YES NO	
5. Have you ever had any disciplinary action ever filed or taken regarding any healing arts license which you now hold or have ever held or is any such action pending?	YES NO	Professional Activity
For Graduate Research Psychoanalyst Registration only:		
Indicate which <u>one</u> of the following areas comprises your primary professional activity: Teaching - A full-time faculty appointment at an approved educational institution. Training - Significant ongoing responsibility for training. Research - Significant research effort demonstrated by publication.		Professional Activity
EXPLANATION(S)		
For any positive responses relating to Criminal Record History questions #1 through #4 and Disciplinary History questions #1 through #5, please provide an explanation in the space below. If the space provided is not adequate, attach additional sheets of paper for your responses.		Explanations
		R1C

PHOTOGRAPH

Photograph
Affix a 2" X 2" Photo Here
Photo Must Be Recent and Must Be of your Head and Shoulder Areas Only
Altered Photographs are NOT Acceptable

Notice: All items in this application are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to verify and identify the applicant per Section 118 and 2081 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, or other governmental law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act.

MBC Use Only

Rev R1A-D Staff Initials & Date

Photograph

DECLARATION

The applicant, _____, whose date of birth is _____, **PRINT LEGAL NAME (First, Middle, Last, Suffix)** **DATE OF BIRTH (mm/dd/yyyy)**

being first duly sworn upon his/her oath, disposes and says, that I am the person herein named and subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and that I am the lawful holder of a doctorate degree, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and future), business and professional associates (past, present, and future), and all government agencies (local, state, federal or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by the Board in connection with this application; or any further or future investigation by the Board necessary to determine any professional competence, professional conduct, or physical or mental ability to safely engage in the practice of research psychoanalysis. I further authorize the Medical Board of California or its successors to release, in any investigation or proceeding, to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure/registration.

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE/REGISTRATION.

SIGN LEGAL NAME: _____ **DATE:** _____

Applicant Name & DOB

Applicant Signature & Date

NOTARY SECTION

SIGNATURE OF APPLICANT: _____
(SIGN LEGAL NAME IN THE PRESENCE OF NOTARY)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,

by, _____ proved to me on the basis of satisfactory evidence
(PRINT APPLICANT'S LEGAL NAME)

to be the person who appeared before me.

NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC

Applicant Signature

Applicant Name & Notary Date

Notary Signature and Seal

R1D



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LIVE SCAN INFORMATION

RESEARCH PSYCHOANALYST or STUDENT RESEARCH PSYCHOANALYST REGISTRATION

California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. **APPLICANTS WHO RESIDE IN CALIFORNIA MUST COMPLETE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS.** Applicants residing outside of California may choose this option if visiting the state.

• CALIFORNIA DOES NOT HAVE LIVE SCAN LINKS TO ANY OTHER STATES •

The "Request For Live Scan Service" form (below) is required to have your fingerprints processed by Live Scan. **This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form.** Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, Social Security Number or Individual Taxpayer Identification Number, California driver's license number and home address) is provided on *each of the three forms*. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be void. **It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO digital prints, one for the DOJ and one for the FBI.**

Applicants can access the website, <https://oag.ca.gov/fingerprints/locations> to obtain the names and location of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that website. **After completing the Live Scan process, applicants must submit ONE of the THREE pages with the initial application to document the scanning of their fingerprints.** The results of Live Scan fingerprints are generally received within five (5) days.

Applicants residing outside of California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility. The results of paper fingerprint cards are generally received within six (6) weeks.

Whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee by the local agency that scans the prints or provides the inked impressions. This is in addition to the fingerprint processing fee that must be paid to the Medical Board of California with your application. For information about the fingerprint clearance process and time frames, please visit the following website at: <http://ag.ca.gov/consumers/morefaqs.php>

Because applicants from the medical professions must be concerned with sanitary issues, they wash and scrub their hands so much that images of their fingerprints are often difficult to read. When the impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) are rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Research Psychoanalyst or Student Research Psychoanalyst Registration.

NOTE: If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Board as a result of your fingerprint inquiry.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name
(AKA or Alias) Last

First

Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed